Image# 14960722955 PAGE 1 / 11

### **FEC** FORM 3X

## **REPORT OF RECEIPTS AND DISBURSEMENTS**

| TOTAL OX                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | or Other Than An Aut                       | thorized Committee                                   | Office Use Only                                        |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|------------------------------------------------------|--------------------------------------------------------|
| 1. NAME OF<br>COMMITTEE (in full)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | TYPE OR PRINT ▼                            | Example: If typing, type over the lines.             | e 12FE4M5                                              |
| Electing Women Politic                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | al Action Committee                        | <b>)</b>                                             |                                                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                            |                                                      |                                                        |
| ADDRESS (number and street)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | PO BOX 6536                                |                                                      |                                                        |
| Check if different                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                            |                                                      |                                                        |
| than previously reported. (ACC)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Denver                                     |                                                      | CO 80206 -                                             |
| 2. FEC IDENTIFICATION NU                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | MBER ▼ CI                                  | TY▲                                                  | STATE ▲ ZIP CODE ▲                                     |
| C C00472894                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                            | S THIS REPORT X (N)                                  | OR AMENDED (A)                                         |
| 4. TYPE OF REPORT (Choose One)  (a) Quarterly Reports:  April 15                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Report<br>Due On: Ma                       | o 20 (M2) May 20 r 20 (M3) Jun 20 r 20 (M4) Jul 20 ( | (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only) |
| Quarterly Report (Quarterly Re | PRE-Election Report for the:               | Primary (12P)  Convention (12C)                      | General (12G) Runoff (12R)  Special (12S)              |
| Quarterly Report (Q:<br>January 31<br>Year-End Report (YI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Floati                                     | on on                                                | in the State of                                        |
| July 31 Mid-Year<br>Report (Non-election<br>Year Only) (MY)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | (d) 30-Day  POST-Election  Report for the: | General (30G)                                        | Runoff (30R) Special (30S)                             |
| Termination Report<br>(TER)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Election                                   | on on                                                | in the State of                                        |
| 5. Covering Period 01                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 01 2014                                    |                                                      | 03 31 2014                                             |
| I certify that I have examined this                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | s Report and to the best o                 | f my knowledge and belief it                         | is true, correct and complete.                         |
| Type or Print Name of Treasurer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Judith B. Wagner                           |                                                      |                                                        |
| Signature of Treasurer Judith                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | B. Wagner                                  | [Electronically Filed]                               | Date 04 / 11 / 2014                                    |
| NOTE: Submission of false, errone                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ous, or incomplete information             | on may subject the person sign                       | ning this Report to the penalties of 2 U.S.C. §437g.   |
| Office<br>Use<br>Only                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                            |                                                      | FEC FORM 3X Rev. 12/2004                               |

| FEC <b>Form 3X</b> (Rev. 02/2003)                                                                    | SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS                              | Page <b>2</b>                     |
|------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|-----------------------------------|
| Write or Type Committee Name                                                                         |                                                                         |                                   |
| Electing Women Political Action C                                                                    | ommittee                                                                |                                   |
| Report Covering the Period: From:                                                                    | 01 01 / 2014 To:                                                        | 03 31 / 2014                      |
|                                                                                                      | COLUMN A<br>This Period                                                 | COLUMN B<br>Calendar Year-to-Date |
| 6. (a) Cash on Hand January 1, 2014                                                                  |                                                                         | 40887.06                          |
| (b) Cash on Hand at Beginning of Reporting Period                                                    | 40887.06                                                                |                                   |
| (c) Total Receipts (from Line 19)                                                                    | 9850.00                                                                 | 9850.00                           |
| (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)             | 50737.06                                                                | 50737.06                          |
| 7. Total Disbursements (from Line 31)                                                                | 16020.82                                                                | 16020.82                          |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))                        | 34716.24                                                                | 34716.24                          |
| 9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D)  | 0.00                                                                    |                                   |
| 10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) | 0.00                                                                    |                                   |
| This committee has qualified as a multical                                                           | andidate committee. (see FEC FORM 1M)                                   |                                   |
|                                                                                                      | For further information contact:                                        |                                   |
|                                                                                                      | Federal Election Commission<br>999 E Street, NW<br>Washington, DC 20463 |                                   |
|                                                                                                      | Toll Free 800-424-9530                                                  |                                   |

Local 202-694-1100

#### **DETAILED SUMMARY PAGE**

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

### Electing Women Political Action Committee

| I. Receipts                                          | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |  |  |
|------------------------------------------------------|-------------------------------|-----------------------------------|--|--|
| Contributions (other than loans) From:               |                               |                                   |  |  |
| (a) Individuals/Persons Other                        |                               |                                   |  |  |
| Than Political Committees                            |                               |                                   |  |  |
| (i) Itemized (use Schedule A)                        | 9700.00                       | 9700.00                           |  |  |
|                                                      |                               | 450.00                            |  |  |
| (ii) Unitemized                                      | 150.00                        | 150.00                            |  |  |
| (iii) TOTAL (add                                     | 0850.00                       | 9850.00                           |  |  |
| Lines 11(a)(i) and (ii)▶                             | 9850.00                       | 9650.00                           |  |  |
| (b) Political Party Committees                       | 0.00                          | 0.00                              |  |  |
| (c) Other Political Committees                       |                               |                                   |  |  |
| (such as PACs)                                       | 0.00                          | 0.00                              |  |  |
| (d) Total Contributions (add Lines                   |                               |                                   |  |  |
| 11(a)(iii), (b), and (c)) (Carry                     |                               |                                   |  |  |
| Totals to Line 33, page 5)▶                          | 9850.00                       | 9850.00                           |  |  |
| Transfers From Affiliated/Other                      |                               |                                   |  |  |
| Party Committees                                     | 0.00                          | 0.00                              |  |  |
| <u> </u>                                             | 0.00                          |                                   |  |  |
| All Loans Received                                   | 0.00                          | 0.00                              |  |  |
| _                                                    |                               |                                   |  |  |
| Loan Repayments Received                             | 0.00                          | 0.00                              |  |  |
| Offsets To Operating Expenditures                    |                               |                                   |  |  |
| (Refunds, Rebates, etc.)                             | 0.00                          | 0.00                              |  |  |
| (Carry Totals to Line 37, page 5)                    | 0.00                          | 0.00                              |  |  |
| Refunds of Contributions Made                        |                               |                                   |  |  |
| to Federal Candidates and Other Political Committees | 0.00                          | 0.00                              |  |  |
| Other Federal Receipts                               | 0.00                          | 0.00                              |  |  |
| (Dividends, Interest, etc.)                          | 0.00                          | 0.00                              |  |  |
| Transfers from Non-Federal and Levin Funds           | 0.00                          | 0.00                              |  |  |
| (a) Non-Federal Account                              |                               |                                   |  |  |
| (from Schedule H3)                                   | 0.00                          | 0.00                              |  |  |
| ,                                                    | 7                             | 7                                 |  |  |
| (b) Levin Funds (from Schedule H5)                   | 0.00                          | 0.00                              |  |  |
| (b) Lovin Fando (nom Gonedale Fio)                   | 7                             |                                   |  |  |
| (c) Total Transfers (add 18(a) and 18(b))            | 0.00                          | 0.00                              |  |  |
| Total Receipts (add Lines 11(d),                     |                               |                                   |  |  |
| 12, 13, 14, 15, 16, 17, and 18(c))▶                  | 9850.00                       | 9850.00                           |  |  |
| Total Federal Receipts                               |                               |                                   |  |  |
| (subtract Line 18(c) from Line 19)▶                  | 9850.00                       | 9850.00                           |  |  |

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

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| II. Disbursements                                                       | COLUMN A Total This Period | COLUMN B<br>Calendar Year-to-Date |  |  |
|-------------------------------------------------------------------------|----------------------------|-----------------------------------|--|--|
| . Operating Expenditures: —                                             | Total Tills I Gliou        | Calcilual Teal-IO-Date            |  |  |
| (a) Allocated Federal/Non-Federal Activity (from Schedule H4)           |                            |                                   |  |  |
| (i) Federal Share                                                       | 0.00                       | 0.00                              |  |  |
|                                                                         |                            |                                   |  |  |
| (ii) Non-Federal Share                                                  | 0.00                       | 0.00                              |  |  |
| (b) Other Federal Operating                                             | 15920.82                   | 15920.82                          |  |  |
| Expenditures(c) Total Operating Expenditures                            | 13920.82                   | 13920.82                          |  |  |
| (add 21(a)(i), (a)(ii), and (b))▶                                       | 15920.82                   | 15920.82                          |  |  |
| Transfers to Affiliated/Other Party                                     |                            |                                   |  |  |
| Committees                                                              | 0.00                       | 0.00                              |  |  |
| Contributions to Federal Candidates/Committees                          |                            |                                   |  |  |
| and Other Political Committees                                          | 100.00                     | 100.00                            |  |  |
| Independent Expenditures                                                | 0.00                       | 0.00                              |  |  |
| (use Schedule E)  Coordinated Party Expenditures                        | 0.00                       | 0.00                              |  |  |
| (2 U.S.C. §441a(d))<br>(use Schedule F)                                 | 0.00                       | 0.00                              |  |  |
| (use Scriedule F)                                                       | 7 7                        | 0.00                              |  |  |
| Loan Repayments Made                                                    | 0.00                       | 0.00                              |  |  |
| 25ail Flopaymonic Mado                                                  |                            |                                   |  |  |
| Loans Made                                                              | 0.00                       | 0.00                              |  |  |
| Refunds of Contributions To: (a) Individuals/Persons Other              |                            |                                   |  |  |
| Than Political Committees                                               | 0.00                       | 0.00                              |  |  |
|                                                                         |                            |                                   |  |  |
| (b) Political Party Committees                                          | 0.00                       | 0.00                              |  |  |
| (c) Other Political Committees                                          | 0.00                       | 0.00                              |  |  |
| (such as PACs)                                                          | 0.00                       | 7                                 |  |  |
| (d) Total Contribution Refunds                                          |                            |                                   |  |  |
| (add Lines 28(a), (b), and (c))▶                                        | 0.00                       | 0.00                              |  |  |
|                                                                         |                            |                                   |  |  |
| Other Disbursements                                                     | 0.00                       | 0.00                              |  |  |
| _                                                                       |                            |                                   |  |  |
| Federal Election Activity (2 U.S.C. §431(20))                           |                            |                                   |  |  |
| (a) Allocated Federal Election Activity                                 |                            |                                   |  |  |
| (from Schedule H6)                                                      | 0.00                       | 0.00                              |  |  |
| (i) Federal Share                                                       | 7                          |                                   |  |  |
| (ii) "Levin" Share                                                      | 0.00                       | 0.00                              |  |  |
| (b) Federal Election Activity Paid Entirely                             | 7                          |                                   |  |  |
| With Federal Funds                                                      | 0.00                       | 0.00                              |  |  |
| (c) Total Federal Election Activity (add                                |                            |                                   |  |  |
| Lines 30(a)(i), 30(a)(ii) and 30(b))▶                                   | 0.00                       | 0.00                              |  |  |
|                                                                         |                            |                                   |  |  |
| Total Disbursements (add Lines 21(c), 22,                               |                            |                                   |  |  |
| 23, 24, 25, 26, 27, 28(d), 29 and 30(c))                                | 16020.82                   | 16020.82                          |  |  |
| Total Federal Disbursements                                             |                            |                                   |  |  |
| Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) |                            |                                   |  |  |
| from Line 31)                                                           | 16020.82                   | 16020.82                          |  |  |
| nom Ellic Oi)                                                           | 10020.02                   | 10020.02                          |  |  |

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

| III. Net Contributions/Operating Expenditures                              | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|----------------------------------------------------------------------------|-------------------------------|-----------------------------------|
| 3. Total Contributions (other than loans) (from Line 11(d), page 3)        | 9850.00                       | 9850.00                           |
| 4. Total Contribution Refunds (from Line 28(d))                            | 0.00                          | 0.00                              |
| 5. Net Contributions (other than loans) (subtract Line 34 from Line 33)    | 9850.00                       | 9850.00                           |
| 6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) | 15920.82                      | 15920.82                          |
| 7. Offsets to Operating Expenditures (from Line 15, page 3)                | 0.00                          | 0.00                              |
| 3. Net Operating Expenditures (subtract Line 37 from Line 36)              | 15920.82                      | 15920.82                          |

#### SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separator for each ca Detailed S

|                                  | FOF  | LINE    | NU | MBER | : | PAGE | 6 OF | = | 11 |
|----------------------------------|------|---------|----|------|---|------|------|---|----|
| rate schedule(s) category of the | (che | ck only | or | ne)  |   |      |      |   |    |
| Summary Page                     | ×    | 11a     |    | 11b  |   | 11c  | 12   |   |    |
| annialy i ago                    |      | 13      |    | 14   |   | 15   | 16   |   | 17 |

| te of Receipt  23 2014  ransaction ID: VN8XQCMNDY6  ount of Each Receipt this Period  500.00  te of Receipt  28 2014  ransaction ID: VN8XQCMNE69  ount of Each Receipt this Period  1000.00                                                                                                                                                                      |
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| ransaction ID: VN8XQCMNDY6 ount of Each Receipt this Period  500.00  te of Receipt  28 2014 ransaction ID: VN8XQCMNDE69 ount of Each Receipt this Period                                                                                                                                                                                                         |
| ransaction ID: VN8XQCMNDY6 ount of Each Receipt this Period  te of Receipt  101 23 2014 2014 2010 2010 2010 2010 2010 2010                                                                                                                                                                                                                                       |
| te of Receipt  101  28  2014  2014  2014  2014  2014  2014  2014  2014  2014  2014  2014  2014  2014  2014  2014  2014  2014  2014  2014  2014  2014  2014  2014  2014  2014  2014  2014  2014  2014  2014  2014  2014  2014  2014  2014  2014  2014  2014  2014  2014  2014  2014  2014  2014  2014  2014  2014  2014  2014  2014  2014  2014  2014  2014  2014 |
| te of Receipt  101 28 2014  10ansaction ID: VN8XQCMNE69  10ansaction Receipt this Period                                                                                                                                                                                                                                                                         |
| 01 28 2014  ransaction ID : VN8XQCMNE69  ount of Each Receipt this Period                                                                                                                                                                                                                                                                                        |
| 01 28 2014  ransaction ID : VN8XQCMNE69  ount of Each Receipt this Period                                                                                                                                                                                                                                                                                        |
| 01 28 2014  ransaction ID : VN8XQCMNE69  ount of Each Receipt this Period                                                                                                                                                                                                                                                                                        |
| 01 28 2014  ransaction ID : VN8XQCMNE69  ount of Each Receipt this Period                                                                                                                                                                                                                                                                                        |
| ount of Each Receipt this Period                                                                                                                                                                                                                                                                                                                                 |
| 1000.00                                                                                                                                                                                                                                                                                                                                                          |
|                                                                                                                                                                                                                                                                                                                                                                  |
|                                                                                                                                                                                                                                                                                                                                                                  |
|                                                                                                                                                                                                                                                                                                                                                                  |
| te of Receipt                                                                                                                                                                                                                                                                                                                                                    |
| 01 28 2014                                                                                                                                                                                                                                                                                                                                                       |
| ransaction ID : VN8XQCMNE35 ount of Each Receipt this Period                                                                                                                                                                                                                                                                                                     |
| 1000.00                                                                                                                                                                                                                                                                                                                                                          |
|                                                                                                                                                                                                                                                                                                                                                                  |
|                                                                                                                                                                                                                                                                                                                                                                  |
|                                                                                                                                                                                                                                                                                                                                                                  |
| r                                                                                                                                                                                                                                                                                                                                                                |

#### SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

FOR LINE NUMBER: **PAGE** 7 OF Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

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14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) **Electing Women Political Action Committee** Full Name (Last, First, Middle Initial) Susan Shamos Date of Receipt Mailing Address 766 Monaco Pkwy 2014 City State Zip Code Transaction ID: VN8XQCMNE43 CO 80220-6061 Denver Amount of Each Receipt this Period FEC ID number of contributing 3000.00 federal political committee. Name of Employer Occupation Centus Counseling Consulting and Educa Psychologist Receipt For: Aggregate Year-to-Date ▼ Primary General 3000.00 Other (specify) Full Name (Last, First, Middle Initial) B. Lee Everding Date of Receipt Mailing Address 3200 E Cherry Creek South Dr Ste 200 01 30 2014 City State Zip Code Transaction ID: VN8XQCMNE85 CO Denver 80209-3245 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 federal political committee. Name of Employer Occupation **Denver Eclectics** Director Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) c. Martha Records Date of Receipt Mailing Address 1215 Detroit St 30 01 2014 City Zip Code State Transaction ID: VN8XQCMNE77 CO Denver 80206-3329 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 С federal political committee. Name of Employer Occupation Community Volunteer Community Volunteer Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) 5000.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

#### SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

|      | LINE    |    |     | : | PAGE | 8  | OF | 11 |
|------|---------|----|-----|---|------|----|----|----|
| (che | ck only | or | ne) |   |      |    |    |    |
| X    | 11a     |    | 11b |   | 11c  | 12 | 2  |    |
|      | 13      |    | 14  |   | 15   | 16 | 6  | 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions

| or for commercial purposes, other than using                                                   | the name and address of any political committee to | solicit contributions from such committee.                       |
|------------------------------------------------------------------------------------------------|----------------------------------------------------|------------------------------------------------------------------|
| NAME OF COMMITTEE (In Full) Electing Women Political Action                                    | on Committee                                       |                                                                  |
| Full Name (Last, First, Middle Initial)  Deborah Olszonowicz  Mailing Address 704 Beauprez Ave |                                                    | Date of Receipt                                                  |
| Mailing Address 704 Deauprez Ave                                                               |                                                    | 02 10 2014                                                       |
| City                                                                                           | State Zip Code                                     | Transaction ID: VN8XQCMNEH6                                      |
| Lafayette                                                                                      | CO 80026-3457                                      | Amount of Each Receipt this Period                               |
| FEC ID number of contributing federal political committee.                                     | C                                                  | 200.00                                                           |
| Name of Employer                                                                               | Occupation                                         | †                                                                |
| Boulder County                                                                                 | Program Manager                                    |                                                                  |
| Receipt For:                                                                                   | Aggregate Year-to-Date ▼                           |                                                                  |
| Primary General  Other (specify) ▼                                                             | 200.00                                             |                                                                  |
| Full Name (Last, First, Middle Initial)  3. Kirsten Stewart                                    |                                                    | Date of Receipt                                                  |
| Mailing Address 8711 E 29th Ave                                                                |                                                    | 02 13 2014                                                       |
| City                                                                                           | State Zip Code                                     | Transaction ID : VN8XQCMNDR8                                     |
| Denver                                                                                         | CO 80238-2652                                      | Amount of Each Receipt this Period                               |
| FEC ID number of contributing federal political committee.                                     | C                                                  | 1000.00                                                          |
| Name of Employer                                                                               | Occupation                                         |                                                                  |
| Sherman and Howard                                                                             | Attorney                                           |                                                                  |
| Receipt For:  Primary General  Other (specify) ▼                                               | Aggregate Year-to-Date ▼ 1000.00                   |                                                                  |
| Full Name (Last, First, Middle Initial)  Judith Judd                                           |                                                    | Date of Receipt                                                  |
| Mailing Address 3 Cantitoe Ln                                                                  |                                                    | 03 20 2014                                                       |
| City<br>Englewood                                                                              | State Zip Code<br>CO 80113-6111                    | Transaction ID : VN8XQCMNDN5  Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee.                                     | C                                                  | 1000.00                                                          |
| Name of Employer                                                                               | Occupation                                         |                                                                  |
| Retired                                                                                        | Retired                                            |                                                                  |
| Receipt For:                                                                                   | Aggregate Year-to-Date ▼                           |                                                                  |
| Primary General Other (specify) ▼                                                              | 1000.00                                            |                                                                  |
| SUBTOTAL of Receipts This Page (optional).                                                     |                                                    | 2200.00                                                          |
| (upitolial)                                                                                    |                                                    | 7 7 7                                                            |
| TOTAL This Period (last page this line numb                                                    | er only)                                           | 9700.00                                                          |

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| SCHEDULE B (FEC Form 3X)                                                                              |                                                  | FOR LINE NUMBER: PAGE 9 OF |                 |                                   |  |  |  |
|-------------------------------------------------------------------------------------------------------|--------------------------------------------------|----------------------------|-----------------|-----------------------------------|--|--|--|
| ITEMIZED DISBURSEMENTS                                                                                | Use separate schedule(s for each category of the | ) (check only              | one)            |                                   |  |  |  |
| -                                                                                                     | Detailed Summary Page                            | X 21b                      | 22 23           | 24 25 26                          |  |  |  |
|                                                                                                       |                                                  | 27                         | 28a 28b         |                                   |  |  |  |
| Any information copied from such Reports and State or for commercial purposes, other than using the r |                                                  |                            |                 |                                   |  |  |  |
| NAME OF COMMITTEE (In Full)                                                                           |                                                  |                            |                 |                                   |  |  |  |
| Electing Women Political Action                                                                       | Committee                                        |                            |                 |                                   |  |  |  |
| Full Name (Last, First, Middle Initial)                                                               |                                                  |                            |                 |                                   |  |  |  |
| A. NGP VAN                                                                                            |                                                  |                            | Date of Disburs | sement                            |  |  |  |
| Mailing Address 1101 15th St NW<br>Ste 500                                                            |                                                  |                            | 01              | 02 2014                           |  |  |  |
| City                                                                                                  | State Zip Code                                   |                            | Transaction     | D . VNZVEOD ZDZ4                  |  |  |  |
| Washington                                                                                            | DC 20005-5006                                    |                            | Transaction i   | D : VN7YF9RZD71                   |  |  |  |
| Purpose of Disbursement Database Management Software                                                  |                                                  | 001                        | Amount of Eac   | h Disbursement this Period        |  |  |  |
| Candidate Name                                                                                        |                                                  | Category/<br>Type          |                 | 345.00                            |  |  |  |
| Office Sought: House Disbur                                                                           | sement For:                                      | 71                         |                 | ,                                 |  |  |  |
| Senate                                                                                                | Primary General                                  |                            |                 |                                   |  |  |  |
| President                                                                                             | Other (specify) ▼                                |                            |                 |                                   |  |  |  |
| State: District:                                                                                      |                                                  |                            |                 |                                   |  |  |  |
| Full Name (Last, First, Middle Initial) <b>B.</b> Heather Lurie                                       |                                                  |                            | Date of Disburs | sement                            |  |  |  |
| 5. Heather Lune                                                                                       |                                                  |                            |                 | D / Y Y Y Y                       |  |  |  |
| Mailing Address 1847 S Washington St                                                                  |                                                  |                            | 01              | 15 2014                           |  |  |  |
| City<br>Denver                                                                                        | State Zip Code CO 80210-3213                     |                            | Transaction I   | D : VN7YF9RZCT8                   |  |  |  |
| Purpose of Disbursement                                                                               | 00 00210-3213                                    |                            |                 |                                   |  |  |  |
| General Political Consulting                                                                          |                                                  | 001                        | Amount of Eac   | h Disbursement this Period        |  |  |  |
| Candidate Name                                                                                        |                                                  | Category/<br>Type          |                 | 5000.00                           |  |  |  |
| Office Sought: House Disbur                                                                           | sement For:                                      | .,,,,                      | ,               | ,                                 |  |  |  |
| Senate                                                                                                | Primary General                                  |                            |                 |                                   |  |  |  |
| President                                                                                             | Other (specify) ▼                                |                            |                 |                                   |  |  |  |
| State: District:                                                                                      |                                                  |                            |                 |                                   |  |  |  |
| Full Name (Last, First, Middle Initial)                                                               |                                                  |                            | Date of Disburs | sement                            |  |  |  |
| C. Bernard Grant                                                                                      |                                                  |                            |                 | D / Y Y Y Y                       |  |  |  |
| Mailing Address 1223 Bannock St                                                                       |                                                  |                            | 02              | 02 2014                           |  |  |  |
| City                                                                                                  | State Zip Code<br>CO 80204-3630                  |                            | Transaction I   | D : VN7YF9RZCZ7                   |  |  |  |
| Denver Purpose of Disbursement Photography                                                            | 80204-3030                                       | 007                        |                 |                                   |  |  |  |
| Candidate Name                                                                                        |                                                  | 007<br>Category/<br>Type   | Amount of Eac   | h Disbursement this Period 240.00 |  |  |  |
| Office Sought: House Disbur                                                                           | sement For:                                      | 1,700                      |                 |                                   |  |  |  |
| Senate                                                                                                | Primary General                                  |                            |                 |                                   |  |  |  |
| President                                                                                             | Other (specify)                                  |                            |                 |                                   |  |  |  |
| State: District:                                                                                      |                                                  |                            |                 |                                   |  |  |  |
| SUBTOTAL of Disbursements This Page (optional                                                         | )                                                |                            |                 | 5585.00                           |  |  |  |
| TOTAL This Period (last page this line number or                                                      | ıly)                                             | <b>&gt;</b>                |                 |                                   |  |  |  |

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| Use separate schedule(s) for each category of the Detailed Summary Page    Separate schedule(s) for each category of the Detailed Summary Page   Separate schedule(s) for each category of the Detailed Summary Page   Separate schedule(s) for each category of the Detailed Summary Page   Separate schedule(s) for each category of the Detailed Summary Page   Separate schedule(s) for each category of the Detailed Summary Page   Separate schedule(s) for each category of the Detailed Summary Page   Separate schedule(s) for each category of the Detailed Summary Page   Separate schedule(s) for each category of the Detailed Summary Page   Separate schedule(s) for each category of the Detailed Summary Page   Separate schedule(s) for each category of the Detailed Summary Page   Separate schedule(s) for each category of the Detailed Summary Page   Separate schedule(s) for each category of the Detailed Summary Page   Separate schedule(s) for each category of the Detailed Summary Page   Separate schedule(s) for each category of the Detailed Summary Page   Separate Summary Page   Separat | SCHEDULE B (FEC Form 3X) |                                                 |                   |             |             | E NUMBER: PAGE 10 OF 11 |            |            |           |        |
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| or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.  NAME of CoMINTTEE (in Full)  Electing Women Political Action Committee  Full Name (Last, First, Middle Initial)  A. Heather Lurie  Malling Address 1847 S Washington St  City State Zp Code Conerol Political Consulting Candidate Name  Office Sought: House Distrusement For: Senate Primary General Political Consulting Candidate Name  Office Sought: House Distrusement For: Senate President State: Zip Code Code 80210-3213  Purpose of Disbursement General Political Consulting Candidate Name  Office Sought: House Distrusement For: Senate Primary General Category/ Type  Office Sought: House Disbursement For: State: District  Full Name (Last, First, Middle Initial) City State Zip Code Code 80210-3213  Primary General Category/ Type  Date of Disbursement this Period  Candidate Name  Category/ Type  Date of Disbursement this Period  Category/ Type  Date o  | Any in                   | formation copied from such Paparts and Staton   | onts may not be s | old or uson |             |                         |            |            |           |        |
| Electing Women Political Action Committee  Full Name (Last, First, Middle Initial)  A. Heather Lurie  Mailing Address 1847 S Washington St  City Deriver CO 80210-3213  Purpose of Disbursement General Political Consulting Candidate Name  Category' State: President Disbursement For: President Mailing Address 1847 S Washington St  City State: Disbursement For: Senate Primary Category' State CD 80210-3213  Transaction ID : VN7YF9RZCV6  Amount of Each Disbursement this Period  Category' Sought: Full Name (Last, First, Middle Initial)  B. Heather Lurie  Mailing Address 1847 S Washington St  City State: Disbursement Cardidate Name Category' Type  Office Sought: Full Name (Last, First, Middle Initial)  Cardidate Name Category' Type  Office Sought: Full Name (Last, First, Middle Initial)  Cardidate Name Category' Type  Office Sought: Full Name (Last, First, Middle Initial)  Caddegory' Type  Office Sought: Full Name (Last, First, Middle Initial)  Caddegory' Type  Office Sought: Full Name (Last, First, Middle Initial)  Category' Type  Office Sought: Full Name (Last, First, Middle Initial)  Category' Type  Office Sought: Full Name (Last, First, Middle Initial)  Category' Type  Office Sought: Full Name (Last, First, Middle Initial)  Category' Type  Office Sought: Full Name (Last, First, Middle Initial)  Category' Type  Office Sought: Full Name (Last, First, Middle Initial)  Category' Type  Office Sought: Sanate Primary General Other (specity)  Amount of Each Disbursement this Period  Category' Type  Office Sought: Sanate Primary General Other (specity)  Sanate Primary General Other (specity)  Subtotal of Disbursement This Page (optional)  Amount of Each Disbursement this Period  Category' Type                                                                                                                                                                                                                                                                                                                                                  |                          |                                                 |                   |             |             |                         |            |            |           |        |
| Full Name (Last, First, Middle Initial) A. Heather Lurie  Mailing Address 1847 S Washington St  City  City  City  Columnia  Candidate Name  Collics Sought:  Full Name (Last, First, Middle Initial)  State:  District:  Full Name (Last, First, Middle Initial)  Candidate Name  Category/ Types  District:  Full Name (Last, First, Middle Initial)  Category/ State:  District:  Date of Disbursement Inis Period  Transaction ID: VN7YF9RZCW4  Amount of Each Disbursement Inis Period  Category/ Type  Date of Disbursement  Category/ Type  Date of Disbursement  Amount of Each Disbursement Inis Period  Category/ Type  Date of Disbursement  Amount of Each Disbursement  Category/ Type  Date of Disbursement  Transaction ID: VN7YF9RZCW4  Amount of Each Disbursement Inis Period  Category/ Type  Date of Disbursement Inis Period  Category/ Type  Date of Disbursement Inis Period  Category/ Type  Date of Disbursement  Amount of Each Disbursement Inis Period  Category/ Type  Date of Disbursement Inis Period  | NAI                      | ME OF COMMITTEE (In Full)                       |                   |             |             |                         |            |            |           |        |
| A. Heather Lurie  Mailing Address 1847 S Washington St  City State Zip Code CO 80210-3213  Purpose of Disbursement General Political Consulting  Candidate Name  Office Sought: House President State: District:  Full Name (Last, First, Middle Initial)  B. Heather Lurie  City State Zip Code CO 80210-3213  Purpose of Disbursement For: Senate Primary General Political Consulting  Candidate Name  City State Zip Code Disbursement For: Sought: Amount of Each Disbursement For: Sought: President State: District:  Full Name (Last, First, Middle Initial)  Candidate Name  Cardidate Name  Cardidate Name  Cardidate Name  City State Zip Code Cardidate Name  Car  |                          | ecting Women Political Action Co                | mmittee           |             |             |                         |            |            |           |        |
| A. Heather Lurie  Mailing Address 1847 S Washington St  City State Zip Code CO 80210-3213  Purpose of Disbursement General Political Consulting  Candidate Name  Office Sought: House Disbursement For: Senate President State: District:  City State Zip Code CO 80210-3213  Full Name (Last, First, Middle Initial)  B. Heather Lurie  City State Zip Code CO 80210-3213  City State Zip Code CO 80210-3213  Purpose of Disbursement For: Senate Primary General Political Consulting  Candidate Name  Category/ Type  Category/ Sooo.00  Office Sought: House Disbursement For: Senate President Other (specify) ▼  Full Name (Last, First, Middle Initial)  C. House Disbursement For: Senate President Other (specify) ▼  Full Name (Last, First, Middle Initial)  C. Mailing Address  City State Zip Code Disbursement For: Senate President Other (specify) ▼  Full Name (Last, First, Middle Initial)  C. Mailing Address  City State Zip Code  Purpose of Disbursement  Candidate Name  Category/ Category/ Sooo.00  Category/ Sooo.00  Category/ Category/ Sooo.00  Category/ Category/ Category/ Sooo.00  Category/ Sooo.00  Category/ Category/ Category/ Sooo.00  Category/ Category/ Category/ Sooo.00  Category/ Category/ Sooo.00  Category/ Category/ Category/ Sooo.00  Category/ Category/ Category/ Sooo.00  Category/ Category/ Sooo.00  Category/ Category/ Category/ Sooo.00  Category/ Category/ Category/ Sooo.00  Category/ Category/ Category/ Sooo.00  Category/ Category/ Category/ Sooo.00  Category/ Category/ Category  | /                        | Name (Last First Middle Initial)                |                   |             |             |                         |            |            |           |        |
| City State Zp Code CO 80210-3213  Pripose of Disbursement General Political Consulting  Category' Disbursement For: Senate President Other (specify) ▼  City State Zp Code Code Sought: House President Consulting General Political Consulting General Primary General Other (specify) ▼  State District: Full Name (Last, First, Middle Initial)  Candidate Name Category' Type  City State Zp Code Code Code Code Code Code Code Code                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | _                        | ,                                               |                   |             |             | Date of                 | Disbursem  | ent        |           |        |
| City                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                          |                                                 |                   |             |             | M = M                   | / D D      | / Y        | Y         | Υ      |
| Denver CO 80210-3213 Purpose of Disbursement General Political Consulting Candidate Name  Office Sought:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Mai                      | lling Address 1847 S Washington St              |                   |             |             | 02                      | 04         |            | 2014      |        |
| Denver CO 80210-3213 Purpose of Disbursement General Political Consulting Candidate Name  Office Sought:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | City                     | , S                                             | State Zip Co      | ode         |             |                         |            |            |           |        |
| General Political Consulting Candidate Name  Category/ Office Sought:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                          |                                                 |                   |             |             | Transa                  | ction ID : | VN7YF9RZ   | ZCV6      |        |
| Candidate Name  Category/ Type  Collegory  State: District:  Full Name (Last, First, Middle Initial)  B. Heather Lurie  Mailing Address 1847 S Washington St  City State Zip Code Co 80210-3213  Purpose of Disbursement General Political Consulting  Candidate Name  Category/ Type  Transaction ID: VNTYF9RZCW4  Amount of Each Disbursement this Period  Category/ Type  City State Zip Code  Co 80210-3213  Purpose of Disbursement this Period  Category/ Type  Code  Purpose of Disbursement  Category/ Type  Category/ Typ  |                          |                                                 |                   |             |             |                         |            |            |           |        |
| Office Sought:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                          | •                                               |                   |             |             | Amount                  | of Each D  | isbursemer | nt this I | Period |
| Office Sought:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Oai                      | MIGGIO INGINO                                   |                   |             |             |                         |            |            | 5000      | 0.00   |
| State: District: Other (specify)  Full Name (Last, First, Middle Initial)  B. Heather Lurie  Mailing Address 1847 S Washington St  City                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Offi                     | ce Sought: House Disbursen                      | nent For:         |             | .,,,,       |                         | 7          | 7          |           |        |
| State: District: Full Name (Last, First, Middle Initial) B. Heather Lurie  Mailing Address 1847 S Washington St  City                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                          |                                                 | Primary G         | General     |             |                         |            |            |           |        |
| Hull Name (Last, First, Middle Initial)  Heather Lurie  Mailing Address 1847 S Washington St  City                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Cto                      |                                                 | Other (specify)   |             |             |                         |            |            |           |        |
| Heather Lurie  Mailing Address 1847 S Washington St  City Denver CO 80210-3213  Purpose of Disbursement General Political Consulting  Candidate Name  Disbursement For: Senate President State: District:  Full Name (Last, First, Middle Initial)  Candidate Name  City State  City State  Disbursement For: Senate President Code  Code  Code  Purpose of Disbursement Candidate Name  City State  Disbursement  Candidate Name  Category/ Type  Office Sought:  House Disbursement For: Senate Primary Category/ Type  Office Sought:  Category/ Type  Office Sought:  State: District:  Disbursement For: Category/ Type  Office Sought: Senate Primary General Other (specify) ▼  Amount of Each Disbursement this Period  Category/ Type  Office Sought:  Office Sought: State: District:  Substrate Primary General Other (specify) ▼  Amount of Each Disbursement this Period  Amount of Each Disbursement this Period  Category/ Type  Office Sought: State: District:  Substrate  Disbursement For: Senate Primary General Other (specify) ▼  Amount of Each Disbursement this Period  Amount of Each Disbursement this Period  Category/ Type  Office Sought:  Amount of Each Disbursement this Period  Amount of Each Disbursement this Period  Category/ Type  Office Sought:  Amount of Each Disbursement this Period  Category/ Type  Office Sought:  Amount of Each Disbursement this Period                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                          |                                                 |                   |             |             |                         |            |            |           |        |
| Mailing Address 1847 S Washington St  City                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                          | •                                               |                   |             |             | Date of                 | Disbursem  | ent        |           |        |
| City                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                          |                                                 |                   |             |             | M = M                   | / D D      | / Y        | YY        | Υ      |
| Denver CO 80210-3213 Purpose of Disbursement General Political Consulting Candidate Name  Category/ Type  Office Sought: House Primary General President State: District:  Full Name (Last, First, Middle Initial)  City State Zip Code  Purpose of Disbursement Candidate Name  Candidate Name  City State Zip Code  Purpose of Disbursement  Candidate Name  Candidate Name  City State Zip Code  Purpose of Disbursement  Candidate Name  Candidate Name  City General Primary General Other (specify) ▼  State: District:  District:  Amount of Each Disbursement  Amount of Each Disbursement this Period  Category/ Type  Office Sought: House Disbursement For: Senate Primary General Other (specify) ▼  State: District:  Substitute  Substitute  Substitute  Substitute  Disbursement This Page (optional)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Mai                      | ling Address 1847 S Washington St               |                   |             |             | 03                      | 03         |            | 2014      |        |
| Purpose of Disbursement General Political Consulting  Candidate Name  Office Sought: House Senate Primary General Other (specify)   Full Name (Last, First, Middle Initial)  City State Zip Code  Purpose of Disbursement  Candidate Name  Candidate Name  Office Sought: House Senate Primary General Other (specify)   Date of Disbursement  Amount of Each Disbursement  Amount of Each Disbursement  Amount of Each Disbursement  Other (specify)   Amount of Each Disbursement  Amount of Each Disbursement  Other (specify)   Amount of Each Disbursement this Period  Office Sought: House Primary General Other (specify)   State: District:  SUBTOTAL of Disbursements This Page (optional)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                          |                                                 |                   |             |             | Transa                  | ction ID : | VN7YF9R2   | ZCW4      |        |
| General Political Consulting Candidate Name  Category/ Type  Office Sought:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                          |                                                 | CO 80210          | 0-3213      |             |                         |            |            |           |        |
| Office Sought: House Senate President State: District: Date of Disbursement For:  Mailing Address  City State Zip Code  Purpose of Disbursement  Candidate Name  Candidate Name  Office Sought: House Senate Primary General Other (specify)   Date of Disbursement  Category/ Type  Amount of Each Disbursement this Period  Office Sought: House Senate Primary General Other (specify)   State: District:  Substract: District: 10000.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                          |                                                 |                   |             | 001         | Amount                  | of Each D  | isbursemer | nt this I | Period |
| Office Sought: House Senate Primary General Other (specify)  State: District:  Full Name (Last, First, Middle Initial)  City State Zip Code  Purpose of Disbursement  Candidate Name  Candidate Name  Office Sought: House Senate Primary General Other (specify)   Office Sought: House Primary General Other (specify)   State: District:  Substate: District: 10000.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Car                      | ndidate Name                                    |                   |             | Category/   |                         |            |            | E000      | 000    |
| Senate Primary General Other (specify)  State: District:  Full Name (Last, First, Middle Initial)  City State Zip Code  Purpose of Disbursement  Candidate Name  Candidate Name  Office Sought: House Primary General Other (specify)  Senate Primary General Other (specify)  State: District:  SUBTOTAL of Disbursements This Page (optional)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <u> </u>                 | - Cought                                        |                   |             | Type        |                         | 7          | 7          | 3000      | 0.00   |
| State: District:  Full Name (Last, First, Middle Initial)  C.  Mailing Address  City State Zip Code  Purpose of Disbursement  Candidate Name  Category/ Type  Office Sought: House Primary General President President State: District:  Substate: District: District: 10000.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Offi                     |                                                 |                   | Seneral     |             |                         |            |            |           |        |
| State: District:  Full Name (Last, First, Middle Initial)  Mailing Address  City State Zip Code  Purpose of Disbursement  Candidate Name  Candidate Name  Candidate Name  Disbursement For: Senate President State: District:  Substoctable Optional)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                          |                                                 | ,                 | acriciai    |             |                         |            |            |           |        |
| Mailing Address  City State Zip Code  Purpose of Disbursement  Candidate Name  Category/ Type  Office Sought: House Senate Primary General Other (specify) ▼  State: District:  Subtotal of Disbursement  Amount of Each Disbursement this Period  Category/ Type  Other (specify) ▼  10000.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Stat                     |                                                 |                   |             |             |                         |            |            |           |        |
| Mailing Address  City State Zip Code  Purpose of Disbursement  Candidate Name  Category/ Type  Office Sought: House Senate Primary General Primary General Other (specify) ▼  State: District:  SUBTOTAL of Disbursements This Page (optional)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                          | Name (Last, First, Middle Initial)              |                   |             |             |                         |            |            |           |        |
| City State Zip Code  Purpose of Disbursement  Candidate Name  Category/ Type  Office Sought: House Senate Primary General President  State: District:  Subtrotal of Disbursements This Page (optional)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | C.                       |                                                 |                   |             |             |                         |            | _          |           |        |
| City State Zip Code  Purpose of Disbursement  Candidate Name  Category/ Type  Office Sought: House Senate Primary General Other (specify)  State: District:  Substitute State  | <br>Mai                  | ling Address                                    |                   |             |             | M = M                   | /   D   D  | / Y        | Y   Y     | Y      |
| Purpose of Disbursement  Candidate Name  Category/ Type  Office Sought: House Senate Primary General President Other (specify) ▼  Subtrotal of Disbursements This Page (optional)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                          |                                                 |                   |             |             |                         |            |            |           |        |
| Candidate Name    Category/ Type                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | City                     |                                                 | State Zip Co      | ode         |             |                         |            |            |           |        |
| Category/ Type  Office Sought: House Disbursement For: Senate Primary General President Other (specify) ▼  Subtrotal of Disbursements This Page (optional)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Pur                      | pose of Disbursement                            |                   |             |             |                         |            |            |           |        |
| Office Sought: House Disbursement For: Senate Primary General President Other (specify) ▼  Subtrotal of Disbursements This Page (optional)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                          |                                                 |                   |             |             | Amount                  | of Each D  | isbursemer | nt this I | Period |
| Office Sought: House Disbursement For: Senate Primary General President Other (specify) ▼  Subtrotal of Disbursements This Page (optional)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Car                      | ndidate Name                                    |                   |             | Category/   |                         |            |            | -         |        |
| Senate Primary General Other (specify) ▼  State: District:  SUBTOTAL of Disbursements This Page (optional)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Offi                     | ce Sought: House Dichursen                      | nent For:         |             | Туре        |                         | 7          | 7          |           |        |
| State: District: Other (specify)   SUBTOTAL of Disbursements This Page (optional)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 0.111                    |                                                 |                   | General     |             |                         |            |            |           |        |
| SUBTOTAL of Disbursements This Page (optional)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                          | President                                       | Other (specify)   |             |             |                         |            |            |           |        |
| 300101AL of Disbursements This Page (optional)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Stat                     | te: District:                                   |                   |             |             |                         |            |            |           |        |
| 300101AL of Disbursements This Page (optional)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                          |                                                 |                   |             |             |                         |            |            | 10000     | 00     |
| TOTAL This Period (last page this line number only)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | SUBT                     | IVIAL of Disbursements This Page (optional)     |                   |             | ······      |                         | 7          | -          | 10000     | .50    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ТОТА                     | L This Period (last page this line number only) |                   |             |             |                         |            |            | 15585     | .00    |

|                                                           |                                                   |                   |                    | PAGE 11 OF 11                 |
|-----------------------------------------------------------|---------------------------------------------------|-------------------|--------------------|-------------------------------|
| ITEMIZED DISBURSEMENTS                                    | Use separate schedule(s) for each category of the | (check only       | ,                  |                               |
|                                                           | Detailed Summary Page                             | 21b<br>27         | 22 X 23<br>28a 28b | 24 25 26<br>28c 29 30         |
| Any information copied from such Reports and Statem       | ents may not be sold or use                       | d by any perso    |                    | e of soliciting contributions |
| or for commercial purposes, other than using the name     |                                                   |                   |                    |                               |
| NAME OF COMMITTEE (In Full)                               |                                                   |                   |                    |                               |
| Electing Women Political Action Co                        | mmittee                                           |                   |                    |                               |
| Full Name (Last, First, Middle Initial)                   |                                                   |                   |                    |                               |
| A. Planned Parenthood Votes Colorac                       | do                                                |                   | Date of Disbur     | sement                        |
| Mailing Address 7155 E 38th Ave                           |                                                   |                   | 03                 | 20 2014                       |
| City                                                      | state Zip Code                                    |                   |                    |                               |
| Denver                                                    | CO 80207-1630                                     |                   | Transaction I      | D: VN7YF9RZD96                |
| Purpose of Disbursement Contribution                      |                                                   | 012               | Amount of Eac      | h Disbursement this Period    |
| Candidate Name                                            |                                                   | Category/         |                    | 100.00                        |
| Office Sought: House Disbursem                            | nent For: 2014                                    | Туре              | 7                  | 100.00                        |
|                                                           | Primary General                                   |                   |                    |                               |
| President                                                 | Other (specify) ▼                                 |                   |                    |                               |
| State: District:                                          |                                                   |                   |                    |                               |
| Full Name (Last, First, Middle Initial) <b>B.</b>         |                                                   |                   | Date of Disburs    | comont                        |
| <b>5.</b>                                                 |                                                   |                   |                    | Sement                        |
| Mailing Address                                           |                                                   |                   | M - M / D          |                               |
| City                                                      | itate Zip Code                                    |                   |                    |                               |
| Purpose of Disbursement                                   |                                                   |                   |                    |                               |
|                                                           |                                                   |                   | Amount of Eac      | h Disbursement this Period    |
| Candidate Name                                            |                                                   | Category/<br>Type |                    |                               |
| Office Sought: House Disbursem                            | nent For:                                         | Турс              |                    |                               |
| Senate                                                    | Primary General                                   |                   |                    |                               |
|                                                           | Other (specify) ▼                                 |                   |                    |                               |
| State: District:  Full Name (Last, First, Middle Initial) |                                                   |                   |                    |                               |
| C.                                                        |                                                   |                   | Date of Disburs    | sement                        |
|                                                           |                                                   |                   | M   M / D          | D / Y   Y   Y   Y             |
| Mailing Address                                           |                                                   |                   |                    |                               |
| City                                                      | state Zip Code                                    |                   |                    |                               |
| Purpose of Disbursement                                   |                                                   |                   |                    |                               |
|                                                           |                                                   |                   | Amount of Eac      | h Disbursement this Period    |
| Candidate Name                                            |                                                   | Category/         |                    |                               |
| Office Sought: House Disbursem                            | nent For:                                         | Туре              | 7                  | 7                             |
|                                                           | Primary General                                   |                   |                    |                               |
| President                                                 | Other (specify) ▼                                 |                   |                    |                               |
| State: District:                                          |                                                   |                   |                    |                               |
|                                                           |                                                   |                   |                    | 100.00                        |
| SUBTOTAL of Disbursements This Page (optional)            |                                                   | ······            |                    | 100.00                        |
| TOTAL This Period (last page this line number only).      |                                                   |                   |                    | 100.00                        |